



Lactose Intolerance Special Diet Form

Student's Name: _____

Student's Birth Date: _____

School: _____

The School City of Hammond provides soy milk as the alternate to cow's milk (under current regulations Lactaid milk is not an allowable substitution). If your child also cannot tolerate cheese or yogurt due to lactose intolerance please indicate that below. A physician's signature is not required for lactose reduced milk but is required for all other special diet/food allergies.

Please check one of the options below:

- I certify that my child is lactose intolerant and needs to be provided with soy milk in place of cow's milk (cheese and yogurt are fine to provide to my child)
- I certify that my child is lactose intolerant and needs to be provided with soy milk in place of cow's milk. My child also cannot tolerate cheese nor yogurt.

Parent/Guardian Signature

Date

Phone Number

Please return this completed form to the Department of Food & Nutrition Office:

Administrative Building
Dept of Food & Nutrition
41 E. Williams St
Hammond, IN 46320

If you have questions please contact the Department of Food and Nutrition @ 219-933-2400 ext. 1056.